

**Accurate Assessment? ADHD, Asperger's Disorder, and Other Common Misdiagnoses and Dual Diagnoses of Gifted Children**

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**Defining Giftedness**

Marland Report (1972)

- General intellectual ability
- Specific academic aptitude
- Creative or productive thinkers
- Leadership ability
- Visual or performing arts
- Psychomotor ability (since deleted)

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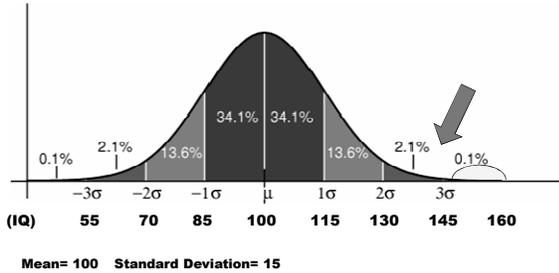
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**Most schools focus on Intellectual and Academic Giftedness and try to estimate potential in these areas using tests.**

(Tests are simply shorthand attempts to measure what we could observe, if we had enough time and the proper settings. We need to focus on behaviors as much as on test scores.)



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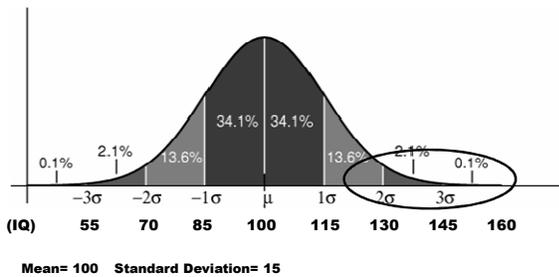
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**Most schools have used the upper 3-5% (2 standard deviations above the mean). Now there is good reason to broaden this to consider the upper 10% (1.5 standard deviations above the mean).**



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**Myths about Gifted Children**

(Many stemming from the Terman studies)

- > They can succeed without special help because they already have so much talent
- > If they have high ability in one area, they are likely to have equally high abilities in other areas
- > The "regular" educational system typically meets their needs
- > They are not aware of being different unless someone points it out to them
- > They always will show their abilities in school and will want to emphasize them
- > They enjoy serving as "models" and "examples" for other children
- > They only live up to their potential if adults constantly push them
- > Their emotional maturity is at the same level as their intellectual ability
- > They are easy to parent, and families always value their special abilities
- > They are no different from other children because all children are gifted

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**High Ability Is a Benefit Overall. However, Some Problems Are More Frequent**

- Boredom
- Underachievement
- Peer Issues
- Feelings of Belongingness
- Anger
- Power Struggles
- Stress and Perfectionism
- Misdiagnosis
- Health and Behavioral Problems
  - Asthma
  - Allergies
  - Bedwetting/sleepwalking
  - Reactive Hypoglycemia
- Existential Depression
- Expectations of Others
- Judgment Lags behind Intellectual Abilities

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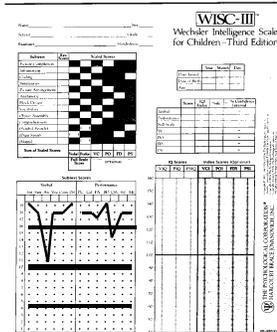
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**Asynchronous Development**




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**Dabrowski Overexcitabilities**

- > **Intellectual** (Avid Reading, Curiosity, Asking Probing Questions, Concentration, Problem Solving, Theoretical Thinking)
- > **Imaginational** (Fantasy Play, Animistic and Imaginative Thinking, Daydreaming, Dramatic Perception, Use of Metaphor)
- > **Emotional** (Concern for Others, Timidity and Shyness, Fear and Anxiety, Difficulty Adjusting to New Environments, Intensity of Feeling)
- > **Psychomotor** (Marked Enthusiasm, Rapid Speech, Surplus of Energy, Nervous Habits, Impulsive Actions)
- > **Sensual** (Sensory Pleasures, Appreciation of Sensory Aspects of Experiences, Avoidance of Overstimulation)

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**CHARACTERISTICS AND BEHAVIOR PATTERNS OF GIFTED THAT CAN LEAD TO MISDIAGNOSES**

- Intensity and sensitivity (“Overexcitabilities”); may overreact; gets angry easily, or cries if things go wrong
- Idealism – impatient with failures; experiences keen disappointment; cynicism and depression; feelings of aloneness
- Impatient with others and self; intolerant and critical of others
- Oversensitive to criticism
- Difficulty seeing things from others’ viewpoint
- Perfectionism – very self-critical; unwilling to take risks; oversensitive to criticism
- Creative – engages in non-traditional behaviors
- Judgment lags behind intellect (asynchronous development)
- Non-conformity; challenges others and traditions; refuses to accept authority; disrupts status quo
- Strong-willed behavior; frequent disagrees strongly with parents, teachers, peers, supervisors; gets in power struggles; is stubborn; gets angry

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**CHARACTERISTICS AND BEHAVIOR PATTERNS OF GIFTED THAT CAN LEAD TO MISDIAGNOSES**

(continued)

- Neglects duties or people during periods of intense focus
- Advanced, numerous, and/or diverse interests; appears scattered
- “Visual-Spatial” (“Right Brain”) non-linear learning styles
- Disorganized learning or job functioning style; leaves tasks unfinished; lacks interest in details; hands in messy work
- Narrow interests or overly focused; reluctant to move to new topics in discussion
- Boredom with routine tasks (particularly if educationally or occupationally misplaced); resists routine practice; refuses to do rote homework or busywork
- Underachievement due to excessive conformity with peers
- Asynchronous development; shows scatter of ability levels
- Poor handwriting
- Unusual sleep patterns
- Peer relation problems
- Jokes or puns at inappropriate times

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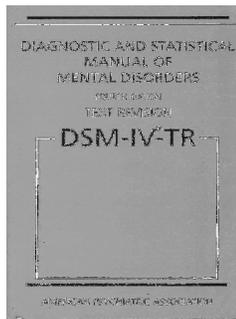
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**A quarter century ago, there were 80 psychiatric diagnoses. Now, there are 300.**



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### Case Study -- Stevie, age 5

Stevie—a gifted and talented five-year-old—has been having behavioral difficulties in his pre-kindergarten class. Because of his intense focus, he often doesn't want the activity to end. Sometimes he becomes upset, crying and throwing himself on the ground, when it is time to transition from one activity to another. He also now and then challenges his teacher. He has been seeing a psychologist for a year to help him deal with several traumatic experiences—recent divorce, a major car accident, Lyme disease, and the illness and death of his grandfather.

One time, when his teacher was showing him how to write his name, he refused to write as directed, purposely writing it all in upper-case letters. The teacher angrily gave Stevie three opportunities to "correctly" write his name.

On the third try, he wrote it correctly, but put the last letter upside-down and reversed. When asked why he did this, he answered that it didn't matter to him how his name was written; writing letters was "boring."

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### Case Study -- Stevie, age 5 (continued)

Stevie has a vivid and creative imagination. One day, he even brought his imaginary babysitter to school. Stevie loves art and sometimes spends two hours painting an Impressionist painting. He prefers studying Ancient Greece, and often includes imaginary friends like Johannes Brahms and Johann Strauss. At home, he plays a Strauss CD and insists that his mother sit quietly with him, pretending that they are the audience and Strauss is playing a concert for them.

Stevie also likes to dress in sweat pants, pulling them up high like knickers so he can pretend that he is a composer living in the 1700s. He may become so absorbed in creating a symphony in his head that he hums melodies in class at inappropriate times.

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### Case Study -- Stevie, age 5 (continued)

The administrator and teacher both said that Stevie had compulsive tendencies and possibly was heading toward Obsessive-Compulsive Disorder. Some of the teachers believed that Stevie was out of touch with reality because he saw and heard things that were not there—his imaginary friends. The school—which is the same school where the mother teaches—suggested that he see a psychiatrist for possible medication, declaring that he would not be allowed back in school next year otherwise, and only if Stevie completed the present year with good behavior.

Stevie's mother began researching gifted education, and was astounded at what she learned! On the Internet were profiles of gifted young children, which included a list of traits such as "perfectionism," "intense reactions to noise, pain, or frustration," and "vivid imagination (for example, imaginary companions)."

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**Case Study -- Stevie, age 5 (continued)**

The mother met again with the Head and Assistant Head of the school. She brought them books and articles, and told them that she felt her son's behavioral issues were linked to his being gifted. She was very relieved when they agreed that this made sense to them and that they were open to any strategies that might help Stevie. Stevie's teacher also became interested and read the books.

Eight weeks of school were left. The mother and Stevie's psychologist told Stevie that he could dress up like a composer only in the pretend area; otherwise it wouldn't be fair to other kids. This helped curb his composing in music class since he wasn't in costume.

When the mother and teachers began dealing with the gifted issues, Stevie's behaviors improved.

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**Case Study -- Stevie, age 5 (continued)**

By the last few weeks of school, Stevie's behavior was improving. Although he had not mastered all of his behaviors, he had come a long way, and he is now welcome back in school next year.

Stevie is continuing his painting, and – at age 5 – won a prize at the CRT National Arts Program. Here are several of his paintings. It's interesting how many people just won't believe that he did the paintings himself and often want to know if the mother holds his hand while he paints. Stevie recently has begun to draw stick figures again in class. Why? Because that's what the other children are doing.

His mother says, "I wanted to send you this story because I wonder how many kids are misdiagnosed! I feel there needs to be better education for teachers and psychologists in this area."

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**FREQUENT MISDIAGNOSES OF GIFTED CHILDREN AND ADULTS**

- **Attentional and Activity Problems**
  - Attention Deficit/Hyperactivity Disorder (ADD/ADHD)
  
- **Anger Diagnoses**
  - Oppositional-Defiant Disorder
  - Conduct Disorder
  - Intermittent Explosive Disorder
  - Disruptive Behavior Disorder NOS
  - Narcissistic Personality Disorder

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**FREQUENT MISDIAGNOSES OF GIFTED CHILDREN AND ADULTS**

(continued)

- **Ideational and/or Anxiety Disorders**
  - **Obsessive-Compulsive Disorder (OCD)**
  - **Obsessive-Compulsive Personality Disorder (OCPD)**
  - **Asperger's Disorder (aka Asperger's Syndrome)**
  - **Pervasive Developmental Disorder**
  - **Schizoid Personality Disorder**
  - **Schizotypal Personality Disorder**
  - **Avoidant Personality Disorder**

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**FREQUENT MISDIAGNOSES OF GIFTED CHILDREN AND ADULTS**

(continued)

- **Mood Disorders**
  - **Bi-Polar Disorders**
  - **Cyclothymic Disorders**
  - **Dysthymic Disorder**
  - **Depressive Disorder**
- **Learning Disorders (often overlooked because of giftedness)**

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**DUAL DIAGNOSES  
(Disorders that Often Involve Giftedness)**

- **Learning Disabilities (asynchronous development)**
- **Attention Deficit/ Hyperactivity Disorder (ADD/ADHD)**
- **Obsessive-Compulsive Disorder (perfectionism)**
- **Asperger's Disorder (AD)**
- **Allergies (particularly food) & Asthma**
- **Reactive Hypoglycemia**
- **Sleep Disorders (Nightmare, Sleep Terror, and Sleepwalking Disorders)**

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**  
- continued

- Parent-Child Relationship Problems
- Relational Problems with Peers
- Depression (existential)
- Adult Relationship Issues
  - Marital/partner
  - Employment
  - Socialization
  - Gender Identity Issues

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**

➤ **LEARNING DISABILITIES** (Dyslexia, Mathematics Disorder, Nonverbal Learning Disabilities, Sensory-Motor Integration problems, Auditory Processing Disorders)

- Asynchronicity is typical for gifted
- Handwriting is often poor
- Compensatory skills can mask LD and prevent identification as gifted

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**  
- continued

➤ **ADD/ADHD**

- Most gifted children are intense
- Must consider the overexcitabilities
- Must consider the appropriateness of the educational placement
- Most gifted children resist tasks that seem irrelevant to them

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**  
- continued

➤ **OBSESSIVE-COMPULSIVE DISORDER (OCD)**

- An extension of perfectionism
- Related to guilt feelings
- Excessive intellectualizing
- Primarily an adult diagnosis
- Important to distinguish between the disorder and the personality type

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**  
- continued

➤ **ASPERGER'S DISORDER**

- Can be misdiagnosed as "quirky gifted"
- True Asperger's behaviors are not situation-specific
- Is on a continuum

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**  
- continued

➤ **ALLERGIES (particularly food) & ASTHMA**

- Incidence 40% to 60% of highly gifted
- May be oversensitive to medications
- Can be avenue to enhanced self-understanding about reactions generally

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**

- continued

➤ **REACTIVE HYPOGLYCEMIA**

- Incidence 5% to 7% of highly gifted
- About half also have allergies and need less sleep
- May be misdiagnosed as Bipolar Disorder or ADD/ADHD

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**

- continued

➤ **SLEEP DISORDERS (Nightmare/ Sleep Terror or Sleepwalking Disorders)**

- Normal Sleep patterns (20% need less; 20% need more)
- 10% - 20% of gifted, particularly males, have sleep problems.
- Bedwetting (5% - 10% of gifted boys ages 6-11)

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**

- continued

➤ **DEPRESSION (EXISTENTIAL)**

- Very likely among highly gifted
- Issues of meaning, purpose, and belonging
- Feeling alone in an absurd, meaningless world
- Existential awareness without insight

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**  
- continued

➤ **PARENT-CHILD RELATIONSHIP PROBLEMS**

- Gifted children can be challenging to parents
- Parents may punish the child for gifted behaviors
- Parents may link gifted to their criticisms because of higher expectations
- Lack of understanding due to thinking style differences
- Power struggles

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**  
- continued

➤ **PARENT-CHILD RELATIONSHIP PROBLEMS (continued)**

- Parent enmeshment with child
- "Adultizing" the child
- Using giftedness to excuse bad social behavior
- Accommodating to gifted behaviors
- Parent using child as weapon
- Parent denying the child's giftedness

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**DUAL DIAGNOSES**  
**(Disorders that Often Involve Giftedness)**  
- continued

➤ **ADULT GIFTED RELATIONSHIP ISSUES**

- Marital/Partner (zone of tolerance)
- Employment (authority and peer problems)
- Socialization (peer problems)
- Gender Identity Issues (androgyny)

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**HOW DO YOU DIFFERENTIATE CORRECT DIAGNOSES FROM GIFTED BEHAVIORS?**

- Does the developmental history indicate early milestones or precocious development?
- Do the person's current school or personal behaviors or test results suggest high intellectual or creative potential?
- Are the behavior patterns are ones that are typical for gifted children or adults?

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**DIFFERENTIATING CORRECT DIAGNOSES FROM GIFTED BEHAVIORS** (continued)

- In examining the DSM-IV-TR diagnostic criteria, can the child's or adult's developmental level (in terms of giftedness) account for behaviors that otherwise would fit the diagnostic criteria?
- What is the context in which "problematic" behaviors most often occur?
- Are the "problematic" behaviors found only in certain contexts, rather than across most situations?

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**DIFFERENTIATING CORRECT DIAGNOSES FROM GIFTED BEHAVIORS** (continued)

- What is the extent of the situational contribution to the difficulties?
- Are the "problematic" behavior patterns greatly reduced when the person is with other gifted persons or in intellectually supportive settings?
- Can the "problematic" behaviors be explained most parsimoniously as stemming from a gifted/creative person being in an inappropriate situation?

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**DIFFERENTIATING CORRECT DIAGNOSES  
FROM GIFTED BEHAVIORS** (continued)

- Is the “cycling” of problem behaviors more frequent than would be expected for such a diagnosis?
- Do specific situations markedly ameliorate the “problem behaviors” for these gifted persons?
- What is the actual impairment caused by the behaviors? Are the behaviors really problematic ones that impair personal or interpersonal functioning, or are they quirks or idiosyncrasies that cause little impairment or discomfort?

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**Diagnostic Criteria for  
Attention Deficit/Hyperactivity Disorder  
(ADD/ADHD)**

- A. Either (1) for Inattention, or (2) for Hyperactivity-Impulsivity
- (1) Six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.
  - (1) Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.

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**Diagnostic Criteria for  
Attention Deficit/Hyperactivity Disorder  
(ADD/ADHD)** (continued)

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment for the symptoms is present in two or more settings (e.g., at school [or work] and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

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**Diagnostic Criteria for  
ADD/ADHD – Inattention  
(6 or more exist for 6 months or more)**

1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
2. Often has difficulty sustaining attention in tasks or play activities.
3. Often does not seem to listen when spoken to directly.
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
5. Often has difficulty organizing tasks and activities.

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**Diagnostic Criteria for  
ADD/ADHD – Inattention  
(6 or more exist for 6 months or more)**

6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
7. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
8. Is often easily distracted by extraneous stimuli.
9. Is often forgetful in daily activities.

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**Diagnostic Criteria for  
ADD/ADHD – Hyperactivity-Impulsivity  
(6 or more exist for 6 months or more)**

➤ **Hyperactivity**

1. Often fidgets with hands or feet or squirms in seat.
2. Often leaves seat in classroom or in other situations in which remaining seated is expected.
3. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
4. Often has difficulty playing or engaging in leisure activities quietly.
5. Is often "on the go" or often acts as if "driven by a motor."
6. Often talks excessively.

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**Diagnostic Criteria for  
ADD/ADHD – Hyperactivity-Impulsivity  
(6 or more exist for 6 months or more)**

➤ **Impulsivity**

1. Often blurts out answers before questions have been completed.
2. Often has difficulty awaiting turn.
3. Often interrupts or intrudes on others (e.g., butts into conversations or games).

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**ADD/ADHD  
Incompatible or Contradictory Features**

- Problems first occur when the child starts formal schooling
- Shows selective ability to attend to tasks that are of interest, with intentional withdrawal from tasks that are not of interest
- Has prolonged and intense concentration on challenging tasks on interest even when there is no readily-evident immediate reward
- Is unaware of the environment when interested and involved in a task

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**ADD/ADHD  
Incompatible or Contradictory Features** (continued)

- Is easily distracted by the environment when uninterested in a task, but tries to avoid disturbing others
- Delays response when spoken to, but gives thoughtful responses when he does speak
- Intentionally fails to finish tasks (especially rote memory or repetitious tasks)
- Blurted answers generally are correct

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**ADD/ADHD**  
**Incompatible or Contradictory Features** (continued)

- Interruptions of conversation are to correct mistakes of others
- Can be easily redirected from one activity of interest to another activity of equal interest
- Passes attention tests, and can shift attention readily, if motivated
- Returns to a task quickly after being distracted or called off task

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**Diagnostic Criteria for**  
**Oppositional-Defiant Disorder**

- A. A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present.
- B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

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**Diagnostic Criteria for**  
**Oppositional-Defiant Disorder** (continued)

1. Often loses temper.
2. Often argues with adults.
3. Often actively defies or refuses to comply with adults' requests or rules.
4. Often deliberately annoys people.
5. Often blames others for his or her mistakes of misbehavior.
6. Is often touchy or easily annoyed by others.
7. Is often angry and resentful.
8. Is often spiteful and vindictive.

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**OPPOSITIONAL DEFIANT DISORDER**  
**Incompatible or Contradictory Features**

- Defiance is limited to one setting (e.g., school or one particular teacher)
- Does not defy most or all adults
- Argues effectively with adults or, if allowed, will debate the topic in a well-informed manner
- Unintentionally annoys or ignores people and/or is unaware of doing so

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**OPPOSITIONAL DEFIANT DISORDER**  
**Incompatible or Contradictory Features** *(continued)*

- Is often concerned about the feelings of others and shows compassion
- Is often bothered by environmental stimuli (noise, light, etc.)
- Has been a frequent target of bullying and teasing
- Is frequently criticized for being too sensitive or too idealistic

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**Diagnostic Criteria for**  
**Asperger's Disorder**

- A. **Qualitative impairment in social interaction, as manifested by at least two of the following:**
1. **Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.**
  2. **Failure to develop peer relationships appropriate to developmental level.**
  3. **A lack of spontaneous seeking to share enjoyment, interests, or achievement with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people.**
  4. **Lack of social or emotional reciprocity.**

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**Diagnostic Criteria for  
Asperger's Disorder** (continued)

**B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:**

1. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
2. Apparent inflexible adherence to specific, nonfunctional routines or rituals.
3. Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements).
4. Persistent preoccupation with parts of objects.

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**Diagnostic Criteria for  
Asperger's Disorder** (continued)

**C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.**

**D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years).**

**E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.**

**F. Criteria are not met for another specific Pervasive Development Disorder or Schizophrenia.**

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**ASPERGER'S DISORDER  
Incompatible or Contradictory Features**

- Relatively normal interpersonal relationships with those who share his or her interests (i.e., no significant impairment)
- Extensive knowledge in areas of intense interest, but without other Asperger-related behaviors
- Is comfortable with abstract ideas, unstructured situations, and innovative activities
- Any atypical motor mannerisms are largely under conscious control

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**ASPERGER'S DISORDER**

**Incompatible or Contradictory Features** (continued)

- Any odd motor mannerisms are associated with stress or excess energy
- Lacks motor clumsiness
- Has insight into emotions of others and into interpersonal situations
- Emotion is generally appropriate to the topic or content

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**ASPERGER'S DISORDER**

**Incompatible or Contradictory Features** (continued)

- Can display empathy and sympathy on many occasions
- Is aware of how others perceive him or her, and how his behaviors affect others
- Speech patterns and sense of humor are more like that of adults
- Understands and uses humor that involves social reciprocity, rather than solely one-sided humor, word play, or rote recitation of one-liners

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**ASPERGER'S DISORDER**

**Incompatible or Contradictory Features** (continued)

- Tolerates abrupt changes in routine, or only passively resists in the face of such changes
- Readily understands the meaning of metaphors or idioms like, "Don't jump the gun."
- Attention difficulties or distractibility result from events or actions in the environment, rather than solely from his or her own thinking or ideas

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### Gifted/Asperger's – Pre-referral Checklist

(Amend, Beaver-Gavin, Schuler, & Beights, 2008)

#### Gifted

- Excellent memory for facts about a variety of topics
- Typically accurate recall for names and faces
- Dislikes rote memorization tasks though he/she may do it well
- If distracted, is likely to return to a task quickly with or without redirection
- Extensive, advanced vocabulary with good comprehension
- Communicates understanding of abstract ideas

#### Asperger's Disorder

- Superb memory for facts, detailed information on topics of special interest
- Poor recall for names and faces
- Enjoys thinking about and remembering details, facts, figures
- If distracted by internal thoughts, redirecting to task at hand may be difficult
- Advanced use of words with lack of comprehension for all language used
- Thinks and communicates in concrete, literal terms with less abstraction

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### Gifted/Asperger's – Pre-referral Checklist

#### Gifted

- Rich and interesting verbal style
- Engages others and shares in their interests
- Asks challenging questions
- Expressive language/speech pattern of an older child
- Elaborates with or without prompting
- Understands, engages in sophisticated and/or socially reciprocal humor, irony, and sarcasm

#### Asperger's Disorder

- Uninviting verbal style
- Style or content lacks reciprocity and engagement of others in their personal interests
- Repeats questions and information
- Pedantic and seamless speech
- Little or no elaboration with run-on speech
- Has difficulty understanding give and take of communication

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### Gifted/Asperger's – Pre-referral Checklist

#### Gifted

- Able to communicate distress verbally
- Able to identify and name friends; enjoys high social status in some circles
- Aware of social norms of dress and behavior
- Keenly aware that he/she is different from peers
- Spontaneously shares enjoyment, activities, interests, or accomplishments

#### Asperger's Disorder

- Communicates distress with actions rather than words
- Significant difficulty and lack of understanding of how to establish and keep friends
- Indifferent to social norms of dress and behavior
- Limited recognition of differences from peers
- Little or not interest in spontaneous sharing of enjoyment, activities, etc.

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### Gifted/Asperger's – Pre-referral Checklist

#### Gifted

- > Initiates and engages others in conversation
- > Aware of others' perspectives and able to take and understand their viewpoint
- > Follows unwritten rules of social interactions
- > Keen social insight and an intuitive nature
- > Usually demonstrates appropriate emotions
- > Aware of others' emotions and easily recognizes others' feelings

#### Asperger's Disorder

- > Significant difficulty in initiating or engaging others in conversation
- > Assumes others share his/her personal views
- > Unaware of social conventions or the reasons behind them
- > Lacks social insight
- > Inappropriate or immature emotions and flat or restricted affect
- > Limited recognition of others' feelings

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### Gifted/Asperger's – Pre-referral Checklist

#### Gifted

- > Able to read social situations and respond to social cues
- > Shows empathy for others and able to comfort a friend in need
- > May passively resist but will go along with change
- > Questions rules and structure
- > Does not show stereotyped behaviors (e.g., hand or finger flapping, twisting, or complex body movements)

#### Asperger's Disorder

- > Misreads social situations and may not respond (or even know how to respond) to social cues
- > Does not typically show empathy or concern for someone in need
- > Actively or aggressively resists change; rigid
- > Adheres strictly to rules and needs structure
- > Shows stereotyped behaviors (e.g., hand or finger flapping, twisting, or complex body movements)

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### Gifted/Asperger's – Pre-referral Checklist

#### Gifted

- > When problems arise, he/she is typically distressed by them
- > Well-coordinated
- > Interested in team sports
- > Demonstrates age-appropriate self-help skills

#### Asperger's Disorder

- > When problems arise, parents or teachers are distressed, but the student may be unaware of the distressing situation unless personally affected
- > Lacks age-appropriate coordination
- > Avoids team sports
- > Delayed acquisition of self-help skills

Amend, E.R., Schuler, P., Beaver-Gavin, K., & Beights, R. (2009). A unique challenge: Sorting out the differences between giftedness and Asperger's Disorder. *Gifted Child Today*, 32(4), 57-63

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**BIPOLAR DISORDER**  
**Incompatible or Contradictory Features**

- The mood swings occur several times each day
- The specific emotions occur in response to specific events or stimuli, not as an overall pervading mood that simply occurs
- The moods and behaviors occur only at certain times of day, several hours after a meal, or after eating certain foods

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**BIPOLAR DISORDER**  
**Incompatible or Contradictory Features** (continued)

- The extreme emotions occur primarily when the child is overly tired
- The extreme emotions are related to a longstanding passionate interest area for the child
- The emotions and behaviors do not cause significant impairment in relations with others or personal performance

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**Nonprofit Web Sites**  
**for Gifted Resources**

- [www.ditd.org](http://www.ditd.org)
- [www.nagc.org](http://www.nagc.org)
- [www.sengifted.org](http://www.sengifted.org)

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- Webb, J.T., Amend, E.R., Webb, N.E., Goerss, J. Beljan, & Olenchak, F.R., (2005). *Misdiagnosis and Dual Diagnoses of Gifted Children and Adults: ADHD, Bipolar, OCD, Asperger's, Depression, and Other Disorders*. Scottsdale, AZ: Great Potential Press. [www.giftedbooks.com](http://www.giftedbooks.com)

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